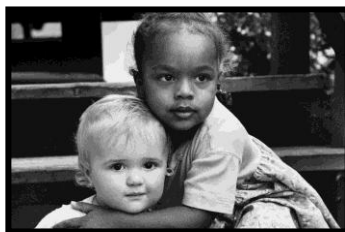




County Self-Assessment (CSA) Process Guide



**Version
3.0
2009**



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About These Materials



The County Self-Assessment (CSA) Process Guide provides assistance with the CSA process, drawing from experiences of the first series of CSAs completed by counties throughout California.

In addition to the guide, other resources available to counties as CSAs are planned and completed include the following:

- Facilitation Tools including a Planning Guide
- Supplemental materials to assist counties and Regional Training Academies in conducting the CSA process.

This guide and all of the above materials are available on the California Social Work Education Center (CalSWEC) website, <http://calswec.berkeley.edu/CalSWEC/CCFSR1.html>.

Acknowledgments

The California Department of Social Services (CDSS) wishes to thank and acknowledge those individuals and organizations that contributed to version 3.0 of the CSA Process Guide. CDSS appreciates the leadership of CalSWEC, the coordination of the editing process by Shared Vision Consultants, and the invaluable contributions of County Welfare Directors Association (CWDA) representatives, county probation staff, and CDSS Outcomes and Accountability Bureau (CSOAB) and Office of Child Abuse Prevention (OCAP) staff.

This guide is reflective of the strength of partnership. It is with great anticipation that we look forward to building increased collaboration throughout each phase the California Child and Family Services Review (C-CFSR) process.

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I. Introduction to This Guide

A. Purpose of the County Self-Assessment (CSA)

The purpose of the County Self-Assessment (CSA) Process Guide is to delineate the requirements and outline the format for counties to use for their triennial self-assessments as required by California's Child Welfare Services Outcome and Accountability System. Each county incorporates input from various child welfare constituents and reviews the full scope of Child Welfare and Probation Services within the county, examining its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources. To that end, the triennial needs assessment for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community- Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs has been integrated into the CSA process. Integrating these two assessments streamlines duplicative processes, maximizes resources, increases partnerships, and improves communication.

This guide takes the place of the earlier versions of the CSA Guide and will assist county staff to complete the CSA in that it:

1. Identifies the requirements of the CSA and provides instructions.
2. Expands on existing sections, clarifies instructions, and deletes redundant sections. Because of the emphasis on increased collaboration, the team composition membership section is expanded, as is the new contact information that will be required.
3. Adds the new federal and state outcome measures.
4. Adds the CAPIT/CBCAP/PSSF Needs Assessment requirements.
5. Provides questions which may be considered to facilitate discussion between county agencies providing child welfare services, community partners, and stakeholders during meetings and data gathering.
6. Provides updated CDSS contact information. County consultants responsible for oversight and technical assistance for the C-CFSR process may be contacted by e-mail at chldserv@dss.ca.gov. County consultants responsible for oversight and technical assistance for the CAPIT, CBCAP and PSSF programs may be contacted by e-mail at OCAP-PND@dss.ca.gov.
7. Defines Key Terms.

II. The C-CFSR Cycle

A. Overview—Evolution of Continuous Improvement in Child Welfare

In establishing the Redesign philosophy (2000–2003), the Stakeholders Group identified major philosophical shifts from the old system to the new. These shifts include accepting as a primary value the principle that preventing child abuse and supporting families is a cost-effective strategy for protecting children, nurturing families, and maximizing the quality of life for California's residents.

The practice of prevention, woven into all aspects of the Redesign, builds a proactive system that seeks to avert tragedy before it occurs. After reviewing a variety of prevention strategies, the Redesign workgroup recommended the following:

1. Formalize the roles of Child Welfare Services and partner agencies at the state, local, and neighborhood levels in prevention across the continuum of services and supports.
2. Establish a collaborative prevention model based on public-private partnerships at the state, local, and neighborhood levels with shared investment in outcomes and accountability.
3. Engage community residents, especially parents and other caregivers, in all partnership and prevention activities.
4. Utilize a strength-based, universal approach to prevention that supports all families.
5. Secure support for a collaborative prevention strategy from legislative and executive branches of state and local government and the general public.
6. Develop dedicated, sustained funding that supports a comprehensive range of prevention strategies.

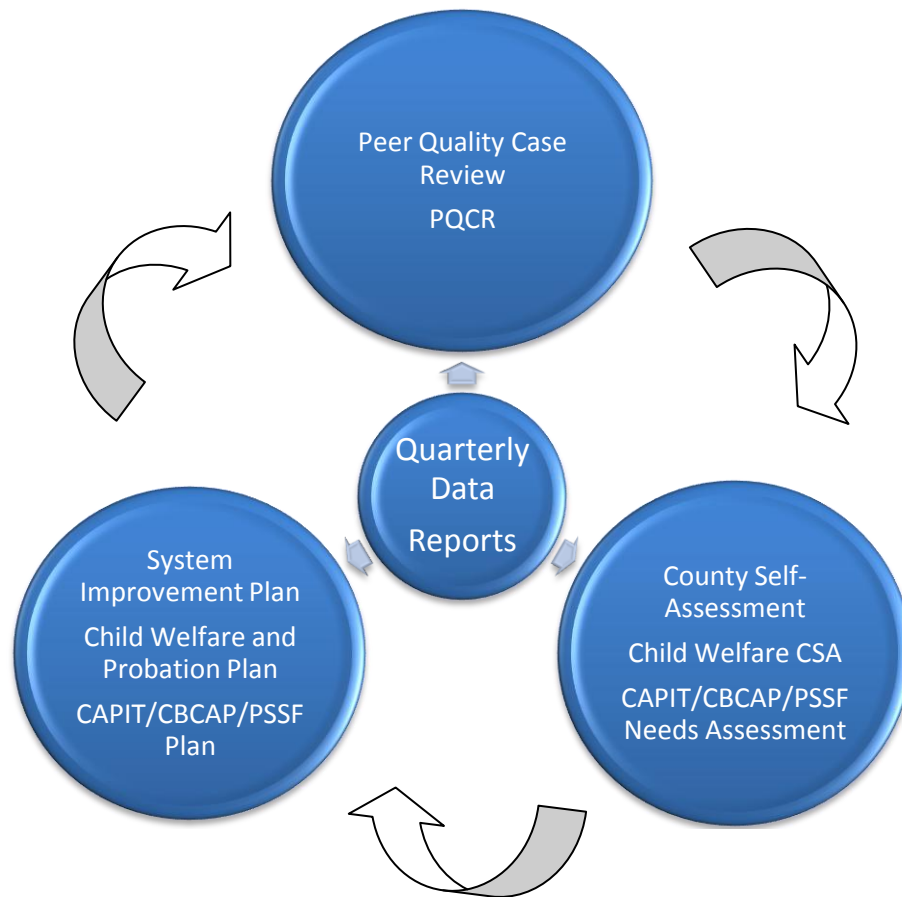
In January 2004, the implementation of Assembly Bill 636 brought a new Child Welfare Services Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in the areas of safety, permanency, and child and family well-being. By design, the C-CFSR closely follows the federal emphasis on safety, permanency and well-being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. The C-CFSR includes several processes which together provide a comprehensive picture of county child welfare practices (see figure below).

CDSS and CWDA have committed to streamlining the continuum of services provided to children, youth, and families as well as streamlining the C-CFSR process with the Office of Child Abuse Prevention (OCAP) Three-Year Plans. Combining these processes administratively provides greater efficiency; while also meeting the individual requirements of each program. By legislative design, each funding stream has its own oversight committee. These oversight committees continue to oversee each funding stream. By integrating the needs assessment of the OCAP Three-Year Plan into the CSA, the county can meet the needs of those oversight committees as well as maximize resources, increase partnerships, and enhance communication.

Previously the CSA focused solely on the analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile. The comprehensive CSA expands this examination to include active participation of the county's prevention network partners in the identification of the community's need for prevention and community-based services. In the past, the county was expected to deliver two separate documents: (1) the CSA and (2) the CAPIT/CBCAP/PSSF Three-Year plan, which was based on a needs assessment. The comprehensive CSA streamlines this requirement by integrating the needs assessment from the CAPIT/CBCAP/PSSF Three-Year plan into the CSA.

CDSS consultants in both Children's Services Outcomes & Accountability Bureau (CSOAB) and OCAP are able to assist counties by providing technical assistance, developing model strategies for conducting the CSA, and assisting with data collection tools. The consultants review drafts of the CSA for completeness and provide feedback to the county prior to the CSA going to the Board of Supervisors for approval.

The C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The principal components of the system include: quarterly data reports published by the CDSS; PQCRs; CSAs; System Improvement Plans (SIP), SIP annual updates; and state technical assistance and monitoring.



B. Features of Each C-CFSR Component

1. Quarterly Outcome and Accountability Data Reports
CDSS issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary level federal and state program measures that serve as the basis for the C-CFSR and are used to track state and county performance over time. Data is used to inform and guide both the assessment and planning processes, and is used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the perspective that data analysis of this type is best viewed as a continuous process as opposed to a one-time activity for the purpose of quality improvement.

2. PQCR

The PQCR is the first component in the cyclical C-CFSR process. The purpose of the PQCR is to learn, through intensive examination of county practice, how to improve child welfare and probation services in a specific focus area. To do so, the PQCR focuses on one specific outcome, incorporates research related to the focus area, analyzes specific practice areas, identifies key patterns of agency strengths and concerns and aligns the findings with research to guide practice improvement. The process uses peers from other counties to promote the exchange of best practice ideas between the host county and peer reviewers. Peer county involvement and the exchange of promising practices also help to illuminate specific practice changes that may advance performance.

a. Timeframes:

In continued partnership and collaboration, an electronic copy of a working draft of the PQCR Report will be e-mailed to the county's CDSS consultant 30 days after the last day of the PQCR, for review and feedback within ten working days.

The PQCR Report is due to CDSS two months after the last day of the PQCR. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the listed order:

- County cover page
- Cover sheet with signatures
- Table of contents
- Report information
- PQCR Final Tool Templates

b. Mail the original hard copy to:

Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

3. CSA

The CSA is the next process in the cycle. The CSA is driven by a focused analysis of child welfare data. This process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and probation services provided within the county. The CSA is developed every three years by the lead agencies in coordination with their local community and prevention partners.

The CSA includes a multidisciplinary needs assessment to be conducted once every three years and requires Board of Supervisor

(BOS) approval. Along with the qualitative information gleaned from the PQCR and the quantitative information contained in the quarterly data reports, the CSA provides the foundation and context for the development of the county three year SIP.

a. Timeframes:

The Period of Assessment – The period of assessment is from the county's last CSA through the present, with the focus on the present; e.g. if the county's last CSA was an assessment through January 15, 2006, the new CSA will be an assessment from January 15, 2006, through the current due date. The focus of the CSA is on the county's current performance.

In continued partnership and collaboration, an electronic copy of a working draft of the CSA will be provided to the CDSS consultants in the CSOAB and the OCAP at the e-mail addresses below prior to submission to the BOS (no later than two months before the CSA is due to CDSS, i.e., four months from PQCR Report due date). The CDSS consultants will provide feedback and technical assistance to the county within ten working days for any necessary edits and timely submission to the BOS. If edits are necessary, a second draft reflecting the collaborative effort is submitted to CDSS 30 days prior to the CSA final due date.

The final CSA Report is due to CDSS with BOS signatures six months after the PQCR Report due date. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov and OCAP-PND@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the listed order:

- County cover page
- Cover sheet with signatures
- BOS minutes/resolution
- Table of contents
- Report information
- Attachments

b. Mail the original hard copy and two copies to:

Bureau Chief
Outcomes & Accountability Bureau
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California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

4. SIP

The SIP is the next step in the cycle. The SIP is a culmination of the first two processes and serves as the operational agreement between

the county and the state. It outlines how the county will remodel its system to improve outcomes for children, youth and families. The SIP is developed every three years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific milestones, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes.

a. Timeframes:

The Period of Plan – The period of the SIP is three years from the SIP due date projected forward, e.g., if the SIP is due January 15, 2009, the period of the plan is January 15, 2009, through January 14, 2012.

In continued partnership and collaboration, an electronic copy of a working draft of the SIP will be provided to the CDSS consultants in the CSOAB and the OCAP at the e-mail addresses below prior to submission to the BOS (no later than two months before the SIP is due to CDSS). The CDSS consultants will provide feedback and technical assistance to the county within ten working days for any necessary edits and timely submission to the BOS. If edits are necessary, a second draft reflecting the collaborative effort is submitted to CDSS 30 days prior to the final SIP due date.

The final three-year SIP is due to CDSS with BOS signatures four months after the CSA due date. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov and OCAP-PND@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the following order:

- County cover page
- BOS minutes/resolution
- Table of contents
- SIP Narrative
- Part I – CWS/Probation with signatures
- Part II – CAPIT/CBCAP/PSSF with signatures
- Attachments

- b. Mail the original hard copy and two copies to:
Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814
- c. For OCAP administrative purposes, counties must also e-mail an electronic copy of the CAPIT/CBCAP/PSSF expenditure plan in excel format to OCAP-PND@dss.ca.gov.

5. Annual SIP Update

The SIP Update is developed by the county lead agencies in collaboration with their prevention partners. The update is the mechanism that provides stakeholders and CDSS with the status of the county's activities as well as any modifications or additions to Part I - CWS/Probation of the SIP.

a. Timeframes:

A written CWS/Probation SIP Update is due one year from the due date of the three year SIP Report. Counties will submit a SIP Report and one annual update before resuming the PQCR, e.g., for a county with a SIP Report due on January 15, 2009; the written SIP update is due on January 15, 2010. In place of the second written update, a status update will occur via the quarterly contact with the CDSS consultant. This verbal status update will occur one year after the initial update, e.g., January 15, 2011. The PQCR process resumes during the year the verbal SIP Update is due.

In continued partnership and collaboration, an electronic copy of a working draft of the SIP Update will be provided to the CDSS consultant in the CSOAB at the e-mail address below no later than two months before the SIP update is due. The CDSS consultant will provide feedback and technical assistance to the county within ten working days for any necessary edits.

The SIP Update should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov for posting on CDSS website. The .pdf file should be one file which includes the following documents in the following order:

- County cover page
- Table of contents
- SIP Narrative
- CWS/Probation Updates
- Attachments

- b. Mail the original hard copy and two copies to:
Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

6. CAPIT/CBCAP/PSSF Annual Report

Counties receiving CAPIT/CBCAP/PSSF funds are required to submit an annual report. The state-funded CAPIT and federally-funded CBCAP and PSSF programs all operate on the July 1 through June 30 state fiscal year (SFY) and all funds must be expended during the SFY allocated. The CDSS will provide allocation, claiming and annual reporting information for each of the funding streams annually.

7. State Technical Assistance and Monitoring

CDSS consultants from the CSOAB and from the OCAP - Prevention Network Development (PND) Unit are available to provide technical assistance to counties in the C-CFSR and CAPIT/CBCAP/PSSF processes.

The CSOAB partners with the county to complete all of the activities under the C-CFSR, including: ongoing tracking of county performance outcome indicators, composites, and measures; participating in the PQCR; reviewing the CSA for completeness; and reviewing and approving the SIP. The CDSS consultants provide guidance and technical assistance to counties during each phase of C-CFSR process and ultimately track and report on progress toward measurable goals set by each county SIP.

The OCAP-PND Unit provides guidance in the development, review and approval of the CSA and the Part II - CAPIT/CBCAP/PSSF section of the SIP. The OCAP-PND consultants provide guidance and technical assistance to counties regarding funding of specific programs and/or practices.

a. Timeframe:

The CSOAB staff meet quarterly with each county, either via a telephone call or in person whenever possible, to provide technical assistance with the C-CFSR process, and discuss the quarterly data reports, data trends, and SIP progress.

The OCAP-PND Unit staff are available as needed.

III. Introduction to the County Self-Assessment (CSA)

A. Guiding Principles of the County Self-Assessment (CSA)

The guiding principles below are intended to ground the CSA in common language and values. They can be used to orient staff and stakeholders to the values and principles that underlie the CSA, and should be referred to throughout the CSA process. They are also intended to assist in the integration of the CAPIT/CBCAP/PSSF needs assessment with the CSA process.

1. The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
2. The entire community is responsible for child, youth, and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.
3. To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
4. Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
5. Fiscal strategies must be considered that meet the needs identified in the CSA.
6. Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

IV. Participants and Roles

A. Lead Agencies

The lead agencies for conducting the CSA are the County Child Welfare Agency and the County Probation Department. These agencies have overall responsibility for the completion of the assessment. The local Child Abuse Prevention Council and any representative from a County Board of Supervisors' designated commission, board, or council whose duties are related to child abuse and neglect prevention and intervention services shall be an active participant in the development of the CSA. The County Child Welfare Agency is responsible for all areas related to children who are receiving child welfare Title IV-B- and IV-E-funded services. The County Probation Department is responsible for assessing outcomes for foster children under its direct supervision who are receiving child welfare services. Prevention network partners can provide consultation on outcome measures where CAPIT/CBCAP/PSSF fund related activities can affect the outcome. Their primary role is to provide input in the areas of child abuse prevention and intervention regardless of whether the child or family has or has not received child welfare or probation services. Together, these partnering agencies identify the programmatic strengths and needs as these relate to their distinct populations, linking services to outcomes and aligning initiatives, goals, action plans, and funding sources.

B. County Self-Assessment Team Composition

Description

This section describes which entities and individuals (including youth and parent consumers/former consumers) participated in the CSA process, and the extent of their participation.

Information and Considerations

Membership on the CSA team may differ according to a specific county's profile or specific strengths, weaknesses, special programs, or other circumstances in the county. The county child welfare agency is responsible for establishing the team and conducting the assessment. The list below describes a set of core or required representatives for each team and a list of stakeholders who must be consulted by or represented on the Self-Assessment Team. In addition, teams may consult with anyone else deemed to have important input to provide to the self-assessment process. Should an individual wish to participate in the process, the County Child Welfare Agency should make every effort possible to accommodate such a request.

1. Required Core Representatives
 - a. Child Abuse Prevention Councils
 - b. Children's Trust Fund Commission or CAPC if acting as the Children's Trust Fund Commission
 - c. County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs
 - d. County Health Department
 - e. County Mental Health Department
 - f. CWS administrators, managers, and social workers (includes CAPIT/CBCAP/PSSF Liaisons)
 - g. Native American tribes served within the community
 - h. Parents/consumers
 - i. Probation administrators, supervisors, and officers
 - j. PSSF Collaborative, if applicable
 - k. Resource families and other caregivers
 - l. Youth representative, California Youth Connection, if available
2. Recommended Stakeholders to Consult
 - a. Community Action Partnerships
 - b. County Alcohol and Drug Department
 - c. County Children and Families Commission (Prop. 10 Commission)
 - d. Court-Appointed Special Advocates
 - e. Department of Developmental Services (DDS) Regional Center (depending on client population)
 - f. Domestic Violence Prevention Provider
 - g. Early Childhood Education / Child Care
 - h. Economic Development Agency
 - i. Education
 - j. Faith-based communities
 - k. Fatherhood and Healthy Marriage Programs
 - l. Foundations
 - m. Juvenile Court Bench Officer
 - n. Law Enforcement
 - o. Public Housing Authority
 - p. Regional Training Academy

- q. Representatives from businesses
- r. Service providers
- s. Teen pregnancy prevention
- t. Workforce Investment Board

Strategies for Community Engagement

- ✓ Make every meeting a working meeting.
- ✓ Make sure to integrate the specific feedback from community members. Consider highlighting contributions from community members when they appear in your report and adding an attachment with complete commentary from stakeholders.

Requirements for the Report

Provide a brief description of the CSA team membership. Include a list of names with affiliations as an attachment and identify which participant is representing the required core representatives. Indicate whether all of the required core representatives above participated, and explain the circumstances if one or more was unable to participate. Explain briefly which other individuals and groups participated. Note any special efforts to include youth and parent consumers. Include information how information was collected (i.e. via surveys, focus groups, etc).

V. Requirements for the CSA

A. CSA Cover Sheet

Description

The cover sheet provides basic information, including the timeframe of outcome data that is being analyzed and representatives and contact information of the lead agencies. The state consultants can provide technical assistance in completing the dates for the coversheet.

Information and Considerations

Regardless of duplication, all areas on the cover sheet must be completed.

1. CSA Contact

This section provides the name and contact information of the county staff responsible for any questions related to the CSA. This person is most likely the author of the document.

2. CWS Director & Chief Probation Officer

This section provides the names and the signatures of the County Child Welfare Director and County Chief Probation Officer.

3. CAPIT/CBCAP/PSSF Liaisons

This section provides the name and contact information of the County CAPIT/CBCAP/PSSF Liaisons. County CAPIT/CBCAP/PSSF Liaison or Co-liaisons must be assigned to ensure that all program, fiscal, and statistical requirements are met in a timely manner.

Requirements for the Report

Counties will use the coversheet provided by CDSS and fill out each section completely. Additionally, counties will attach the Minute Order or other document provided by their Board of Supervisors approving the CSA.

B. Demographic Profile (Both Foster Care and General Population)

Description

This section uses available demographic data to describe the general context in which the county's CWS and child abuse and neglect prevention services are provided. It also identifies and analyzes any demographic issues that impact the achievement of desired outcomes.

Information and Considerations

Demographic data should be identified in this section, and referenced in the discussion on the county's performance on the data outcome indicators.

Some demographic information is required as part of the CAPIT/CBCAP/PSSF needs assessment process. Required and suggested demographics are specified below:

1. Demographics of the General Population

a. Sources:

The resources below may assist in gathering the information, but are not all-inclusive.

- i. Summarized census data by county can be found on the Employment Development Department's (EDD) website, <http://calmis.ca.gov/htmlfile/subject/demogr.htm#census>, as well as on the United States Census Bureau website, <http://quickfacts.census.gov/qfd/index.html>
- ii. General Data on child education, health, and family economics may be found at the Children Now website, http://publications.childrennow.org/publications/invest/cdb07/databook_2007.cfm

b. Required Elements:

- i. County population
- ii. active tribes in the county (identify all federally recognized tribes)
- iii. number of children attending school
- iv. number of children attending special education classes
- v. number of children born to teen parents
- vi. number of children who are leaving school prior to graduation
- vii. number of children on child care waiting lists
- viii. number of children participating in subsidized school lunch programs
- ix. number of children receiving age-appropriate immunizations
- x. number of babies who are born with a low-birth weight
- xi. number of families receiving Public Assistance (CalWORKS)
- xii. number of families living below poverty level

- c. Suggested Elements:
These and other demographics may be considered if related to how they affect the outcomes:
 - i. number of families with no health insurance
 - ii. county unemployment rate
 - iii. county rate of drug and alcohol abuse
2. CWS Participation Rates
- a. Sources:
 - i. The quarterly data reports are available on the CDSS website: <http://www.childsworld.ca.gov/PG1358.htm>
 - ii. Additionally, the University of California, Berkeley's Center for Social Research partners with CDSS to provide the Child Welfare Dynamic Report System (<http://cssr.berkeley.edu/cwscmsreports>) with county and statewide data on the performance measures, participation rates, etc.
 - b. Required Elements:
 - i. number of children age 0-18 in population
 - ii. number and rate of children with referrals
 - iii. number and rate of first entries
 - c. Suggested Elements:
 - i. number and rate of children with substantiated referrals
 - ii. number and rate of children in care

Requirements for the Report

Summarize the required demographic elements listed above, plus any additional demographic information that may impact outcomes. Use tables or graphs as necessary to present the information efficiently. Briefly note any significant changes or trends in the demographics, and analyze their potential impact on county performance on the outcomes. Remember that further analysis might occur under particular outcomes, so an exhaustive analysis is unnecessary here.

C. Public Agency Characteristics

Description

This section provides information about the nature of the agencies providing CWS in the county and the overall structure of the county's CWS services. It should include any unique county resource issues.

Information and Considerations

Identify the county infrastructure in place for providing child welfare services. Consider the challenges the county faces in meeting child welfare needs.

1. Size and Structure of Agencies

All applicable public agencies that provide CWS (e.g., juvenile probation, shelter care, adoption, licensing) should be included, as well as a brief description of their relationship to one another.

a. County operated shelter(s)

Include how the county structures shelter care, whether shelter care services are county-administered or community-based, and typical length of stay (i.e., 23-hour, 30 days, etc.)

b. County licensing

Briefly describe agency roles and responsibilities for licensing of foster family homes. For example, does the county have a Memorandum of Understanding (MOU) with CDSS to license foster family homes, or is home finding for foster homes and adoptive homes combined?

c. County adoptions

Describe whether the county is licensed to provide adoption services or whether a CDSS Adoptions District Office or another agency provides such services.

2. County Government Structure

This item can be addressed with an attachment of the county's organizational chart.

Identify issues in the areas listed below that impact the provision of CWS and the achievement of desired outcomes for children.

a. Staffing characteristics/issues, including:

i. Turnover

ii. Private contractors

iii. Worker Caseload size by service program

b. Bargaining unit issues

c. Financial/material resources

Describe opportunities, interagency collaborations, and/or resources including CAPIT/CBCAP/PSSF funds, Children's Trust Fund, and other funding sources, and their impact on the ability to achieve positive outcomes for children and families.

d. Political jurisdictions

Counties relate to multiple different political jurisdictions, and the number and relationship that the county has with these governing entities impacts CWS. Information on the following should be included:

- i. Tribes
- ii. School districts/Local education agencies
- iii. Law enforcement agencies
- iv. Cities

Requirements for the Report

Include the descriptive information outlined above. County organizational charts or other illustrations may provide most of the necessary information. After the description, provide analysis of the impact of specific aspects of the county structure on county practices and outcomes for children and families. If changes have occurred in county structures, include analysis about how this might impact outcomes.

D. PQCR Summary

Description

This section provides a summary of the findings of the county's PQCR. These findings shall be incorporated into the CSA outcome discussion and improvement planning during the SIP process.

Requirements for the Report

Since the PQCR Report has already been submitted to CDSS, a brief summary of what was learned through the PQCR will suffice here. Counties should include the focus area for their PQCR, and what outcomes might be impacted by what was learned.

E. Outcomes

Description

This section is the heart of the process. It includes guided analysis (within the context of practice) of outcome data and process measures for child welfare, probation, prevention, and services, and provides an overview of the scope and adequacy of existing child and family social services. The county will provide a comprehensive analysis on each of the outcomes and process measures identified in Appendix A.

Information and Considerations

1. Data sources:

The county quarterly data reports contain the data on those measures for which data is available. For well-being measures, qualitative information can be provided either as a result of the PQCR or after a similar review of county practice. It is important to use the most recent data available.

Counties can access quarterly data reports via the CDSS website, <http://www.childsworld.ca.gov/PG1358.htm>. Additional data reports are available via the Center for Social Services Research (CSSR) Child Welfare Dynamic Report System, <http://cssr.berkeley.edu/cwscmsreports>.

Counties may also use SafeMeasures® data as part of the analysis. SafeMeasures® is a tool that supports measurement of both processes and outcomes. For outcomes such as CFSR and AB 636 measures, based on the same analysis used by UCB and CDSS, SafeMeasures® provides an estimate of performance in advance of the official state measures. For casework processes such as face to face contacts, measures are updated twice weekly while outcome measures are updated monthly. This updating allows counties to assess how they are progressing on outcomes and processes in the present from the county to the case level. Managers, supervisors and social workers can work together using SafeMeasures® to identify tasks that need to be done and correct errors and omissions in data entry. This helps ensure accurate data for the formal outcome reports produced by the Center for Social Services Research.

The data from the Child Welfare Dynamic Report System is released in quarterly extracts and is the formal reporting mechanism for the state. The extracts are pulled approximately two months after a quarter ends, allowing for the counting of delayed data input.

Citation information must be provided for the data included in the CSA. When using the CDSS quarterly data reports, note the URL in parentheses following the data.

If the CSA Report includes data from the Center for Social Services Research, please follow the sample below to properly credit the data source:

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved [month, day, year], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

If the CSA Report includes data from SafeMeasures®, please follow the sample below to properly credit the data source:

Children's Research Center SafeMeasures® Data. *County name, report type and report timeframe*. Retrieved [month, day, year] from Children's Research Center website. URL: [enter URL]

a. Definitions:

- i. Data indicator: Refers to the two safety measures and the four permanency composites for which national standards have been developed.
- ii. Composite: A data indicator that incorporates state performance on multiple permanency-related individual measures.
- iii. Component: A primary part of a composite that may include one or more measures.
- iv. Measure: A specific statement that addresses a desired outcome within a given composite (for example, the percentage of reunifications occurring in less than 12 months).

b. Guidance on analysis of outcomes:

Analysis of the outcomes forms the heart of the CSA. It is vital that counties develop a process to carefully consider each outcome, critically examine what may underlie the county's performance and begin the task of selecting focus outcomes for the SIP.

The description of county performance must include analysis of the factors that contribute to performance. Counties should use the most recent data available for each outcome to complete the analysis. A tightly facilitated, focused discussion of each outcome is strongly recommended in order to gather the necessary

information and perform the analysis. Be sure to consider both strengths and needs.

Below are questions to consider during the discussion:

- i. What data anomalies or data entry issues might affect the measure?
- ii. How does the performance change over time? (Although it is important to note positive or negative changes in performance, some measures that stay the same might need further analysis. For example, if the county has implemented a large program change to improve performance, but it has not changed, this is significant information that should be included in the analysis. As other areas of practice and performance improve, the county may also need to focus on what areas are staying the same.)
- iii. What external factors might have affected performance? (Examples might include an economic crisis, or closure of key programs that serve families and youth.)
- iv. What internal agency factors might have affected performance?
- v. What specific policies and/or practices might impact performance? (It is vital to critically review current interventions and strategies specific to this outcome measure. Are they working? Why or why not?)
- vi. What other outcome measures might impact this measure? (Since the outcomes are often related, practice changes that lead to improvement in one measure may impact the county's performance on other measures.)
- vii. Are there key differences between particular racial, geographic, or ethnic groups for this measure? What might explain this?
- viii. What services funded by CAPIT/CBCAP/PSSF might impact the county's performance, and how?
- ix. How have Child Welfare Services Outcomes Improvement Project (CWSOIP) funds impacted applicable outcomes?

Requirements for the Report

After conducting the analysis above, briefly summarize the most significant results for each outcome. If performance on an outcome is of particular concern for the county and will be considered for inclusion as a focus of the county SIP, this should be noted.

F. Systemic Factors

Description

This section analyzes the systemic factors that impact county performance and practice. The systemic factors for the CSA are the same as those included in the federal CFSR.

Information and Considerations

For appropriate factors, especially service array and case review system, the county should obtain input from its consumers using surveys and/or interviews, which may have been conducted during the PQCR process. In addition, input from community-based and prevention-focused programs should be included using appropriate evaluation mechanisms.

Information on all of the systemic factors to be included in the CSA is below.

1. Relevant Management Information Systems (MIS)

Relevant Management Information Systems refers to the system used by county CWS agencies and Probation Departments in the delivery of CWS. This section briefly describes the technologies and systems used to facilitate the provision of CWS, and analyzes whether the use of technology enhances or hinders service delivery.

2. Case Review System

The Case Review System refers to the methods that the county uses to do the following:

- a. Provide a written case plan that is developed jointly with the child's parents and includes provisions for:
 - i. Placing the child in the least-restrictive, most family-like setting appropriate to his or her needs and in proximity to the parent's home (including implementation of the Family-to-Family Team Decision-Making initiative);
 - ii. Visitation of the child by the case manager as required;
 - iii. Documentation of the steps taken to make and finalize an adoption or other permanent plan.
- b. Provide for periodic review (court or administrative) at least every six months
- c. Ensure that each child in foster care has a Permanency Hearing within 12 months from the date the child entered foster care and at least every 12 months thereafter
- d. Provide for termination of parental rights (TPR) for children who have been in care for 15 of the last 22 months unless a compelling reason indicating why TPR is not in the child's best interest is documented in the case

- e. Provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held for a child
- 3. Foster/Adoptive Parent Licensing, Recruitment, and Retention
Foster/Adoptive Parent Licensing, Recruitment, and Retention refers to a system that does all of the following:
 - a. Maintains standards for foster family homes, including relatives, which are applied to all homes receiving federal Title IV-E or IV-B funds.
 - b. Complies with requirements for a criminal record clearance.
 - c. Collaborates with local tribes for the placement of children in tribally approved homes.
 - d. Implements an identifiable process for assuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the county for whom foster and adoptive homes are needed.
 - e. Implements procedures for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
- 4. Quality Assurance System
The Quality Assurance System refers to an identifiable system in the county that maintains standards to ensure that quality services are provided to children receiving services via Child Welfare, Probation and CBCAP/CAPIT/PSSF.
- 5. Service Array
The Service Array systemic factor calls for an analysis of the services the county has in place.
- 6. Staff/Provider Training
The Staff/Provider Training systemic factor refers to a staff training and development program.
- 7. Agency Collaborations
The federal systemic factor is entitled, "Agency responsiveness to the community." This factor includes:
 - a. The extent each agency consults and coordinates with community partners in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved.

- b. The extent to which the Family-to-Family Building Community Partnerships initiative has been implemented, if applicable.
 - c. The extent to which there is shared involvement in evaluating and reporting progress on the county's goals.
 - d. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving community and county stakeholders in county planning efforts and service provision
 - e. The extent to which the collaborations support positive outcomes for children, youth and families
 - f. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children
8. Local Systemic Factors
- This is a section where the county may identify and discuss any unique local systemic factors that were not addressed elsewhere.

Requirements for the Report

Separate guidance is provided for each systemic factor to assist counties to complete the written report.

1. Relevant Management Information Systems (MIS)
Briefly describe the MIS, including both hardware and software that the county uses to facilitate the provision of CWS and achieve positive outcomes. Address how each system is used and how it enhances or creates barriers to service delivery. The county may include any planned improvements in this area and current reform efforts in MIS.

Describe the MIS or process for gathering, storing, and disseminating program information as required by the CAPIT/CBCAP/PSSF programs.

Data quality issues identified in the Outcomes Section should be summarized, including how the issue was identified as a data issue rather than a programmatic or performance issue.
2. Case Review System
Briefly describe the case review system in the county. If applicable, include a discussion/analysis of any reform efforts in the areas below:
 - a. Court structure/relationship
 - i. The structure of the county juvenile court for dependency and probation cases
 - ii. Any efforts in place to support or improve the working relationship between CWS and the Juvenile Court

- iii. The effectiveness of the Juvenile Court/CWS agency work related to the following:
 - (a) Use of continuances
 - (b) Termination of parental rights
 - (c) Facilities available for parents and children
 - (d) Use of alternative dispute resolution
 - iv. Summary of findings from the Administrative Office of the Courts Administrative Review – if available
 - b. Process for timely notification of hearings

Consider the county’s policies, procedures, and/or systems for notifying caregivers/tribes of hearings and soliciting caregiver/tribal input and for incorporating their input into decisions or recommendations.
 - c. Process for parent-child-youth participation in case planning

Points to consider:

 - i. The process and the extent to which the county engages each party (parents, children and youth, and, where applicable, tribes) in case planning activities
 - ii. The county’s policies and practices that support such case planning
 - iii. How the county informs parents or guardians of rights and responsibilities regarding case planning
 - iv. How the county addresses the needs of care providers in the case plan
 - d. General case planning and review
- 3. Foster/Adoptive Parent Licensing, Recruitment and Retention

Briefly describe the Foster/Adoptive Parent Licensing, Recruitment, and Retention System in the county. Provide analysis on how this systemic factor impacts county performance and outcomes.

If applicable, include a discussion/analysis of current reform efforts in the areas below:

- a. General licensing, recruitment, and retention

Points to consider:

 - i. The extent to which the Family-to-Family Initiative strategy to recruit, train, and support resource families has been implemented in the county
 - ii. Recruiting, training, and supporting resource families

- iii. Building community partnerships—counties should specifically outline PSSF requirements to consult, collaborate, and align services between agencies and community based organizations
- iv. The methods used to evaluate the results of the system
- v. Support services and resources available to caregivers in the county

b. Placement resources

Consider the characteristics of children for whom placement resources are scarce, including older children, probation youth, sex offenders, and/ or children with special needs. Include any plans or efforts that the county has made to address these special populations.

4. Quality Assurance System

Describe the county's process for oversight and monitoring, including analysis of the following:

a. CAPIT/CBCAP/PSSF

- i. Briefly describe how the designated county agency ensures effective fiscal and program accountability for the CAPIT, CBCAP, and PSSF vendor/contractor activities. This description must be specific to CAPIT, CBCAP, PSSF programs and not limited to a general description of current county policies. Some examples are methodology/processes that entail on-site review of the vendor, peer reviews, meetings with the vendor, case reviews, surveys, etc. Briefly describe how prevention programs are evaluated. Include the methodology used to assess client satisfaction. Describe how the county assesses the vendor's service delivery system to identify the strengths and needs. Describe the mechanisms used to report to the agency on the quality of services evaluated and needs for improvement. Include the methodology or the process for reporting information regarding the outcome of the evaluation and issues of non-compliance. Describe the methodology or process used to evaluate the vendor/contractor to determine if the corrective action was developed and implemented.
- ii. Briefly describe and assess the system used to ensure service delivery for children who are at risk of abuse and neglect.
- iii. Briefly describe and assess the system used to ensure children with special needs and their families receive effective services.

b. Probation

- i. Detail the quality assurance system that Probation utilizes and evaluate the adequacy and quality of the system.
- ii. Briefly describe and assess the system used to ensure children with special needs and their families receive the effective services.

c. Child Welfare

- i. Describe the quality assurance system that Child Welfare utilizes and evaluate the adequacy and quality of the system.
- ii. Outline the county's policies for evaluating achievement of positive outcomes including the performance measures identified in the Quarterly Data Report.
- iii. Indicate the county policies for monitoring ICWA and MEPA compliance.
- iv. Describe the county's policies for monitoring how mental health needs have been addressed and effectiveness of services provided. Assess the efficacy of the monitoring system.
- v. Briefly describe and assess the system used to ensure children with special needs and their families receive effective services.
- vi. Summarize the county's policies and procedures for documenting and monitoring compliance with child and family involvement in case planning process, including:
 - (a) Concurrent planning in every case receiving reunification services.
 - (b) Meeting TPR timelines and documentation of compelling reasons.
 - (c) Development of a Transitional Independent Living Plan for each child age 16 and over.
- vii. Briefly describe the extent to which the county has implemented the Family to Family Self Evaluation initiative and assess the success of the implementation.

5. Service Array

- a. Analyze the efficacy and availability of current community-based and prevention-focused programs and activities provided by public agencies and private nonprofit organizations, including faith-based programs and how they fit in to an overall continuum of family-centered, holistic care.

- b. Provide a brief description and analysis of services offered, including:
 - i. Describe services available to meet the needs of ethnic/minority populations including an assessment of the availability of culturally appropriate services
 - ii. Services that assess the strengths and needs of children and families assisted by the agency and are used to determine other service needs
 - iii. Services that address the needs of the family, as well as the individual child, in order to create a safe home environment
 - iv. Services and the delivery of services for children with disabilities and their families
 - v. Services and the delivery of services targeted to children at risk for abuse or neglect
 - vi. Services designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured
 - vii. Services designed to help children achieve permanency by returning to families from which they have been removed, where appropriate, be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services
 - viii. Services accessible to families and children in all geographical locations including isolated areas of the county
 - ix. Services that can be individualized to meet the unique needs of children and families served by the agency
 - x. Availability of services/current gaps in continuum of care
 - xi. Services to Native American children
 - xii. Availability of child abuse prevention education
 - xiii. Availability of child and family health and well-being resources
 - xiv. Existence of established networks of community services and resources, such as family resource centers or other comprehensive community service centers
- c. Identify outreach activities that maximize participation of parents as well as racial and ethnic populations, children, and adults with disabilities, and members of other underserved or underrepresented groups.
- d. Describe how underrepresented groups participated in the assessment process.
- e. Indicate which services are funded by CBCAP, CAPIT, PSSF funds.

- f. Discuss the county's current efforts on the development and implementation of Evidence-based and Evidence-informed prevention programs and practices (for more information go to: <http://www.friendsnrc.org/CBCAP/PART/efficiencymeasure.htm>).
- 6. Staff/Provider Training
 - a. Briefly describe and analyze the county infrastructure to provide training to social workers, including capacity to:
 - i. Ensure the completion of the Common Core training mandated within the first two years of employment
 - ii. Provide ongoing training for all staff that provides family preservation and support services, child protective services, foster care services, adoption services, and independent living services that includes the skills and knowledge required for their position.
 - b. Briefly describe and analyze the county infrastructure to provide training to Probation Officers, including the capacity to:
 - i. Ensure the completion of the Core Placement Officer training
 - ii. Provide initial ongoing training for all Officers that are hired to provide them with the skills and knowledge required for their position.
 - c. Briefly describe and analyze the county infrastructure to provide training to providers, including the capacity to:
 - i. Provide training and technical assistance to subcontractors
 - ii. Allocate CAPIT/CBCAP/PSSF funds for county liaisons and parent consumers to attend required meetings, conferences, and training events.
 - d. Describe additional training and technical assistance specifically for CAPIT/CBCAP/PSSF county liaisons, vendors/contractors, and parent liaisons/consumers.
- 7. Agency Collaborations
 - a. Assess the county's engagement and ongoing consultation with a broad array of individuals and stakeholders representing agencies responsible for implementing CWS including:
 - i. Tribal representatives
 - ii. Consumers: community members, community-based organizations, Child Abuse Prevention Councils, faith-based communities, advocacy groups, community-based service

providers, domestic violence services, child abuse prevention services

- iii. Caregivers
 - iv. Public agencies: County Probation Department, Juvenile Court, Court- Appointed Special Advocates, Department of Education, Department of Alcohol & Drug Programs, Department of Mental Health, Department of Public Health, CDSS Adoption Office, etc.
- b. Discuss how the county develops, in consultation with these or similar representatives, annual reports of progress and services.
 - c. Discuss the process used by the county to ensure that the agency's goals and objectives as well as the concerns of major stakeholders are taken in to account when developing services.
 - d. Discuss how the agency's services are coordinated with other services or benefits under federal, federally-assisted, state or state-assisted programs serving the same populations to achieve the goals and objectives of CWS.
 - e. Describe county/community partnerships that create a comprehensive response to the prevention of child maltreatment, and how such partnerships remove barriers thus improving child welfare outcomes and child and family well-being. Include the systems/organizations involved, and the extent of shared responsibility, risks, development of resources, supports, blending/braiding of multiple funding streams. Partners to consider include:
 - i. County interagency partners (CWS, Probation, CAPC, health, mental health, education, alcohol and drugs, law enforcement, WIC, etc.)
 - ii. Community-based organizations (such as CBCAP funded programs)
 - iii. County First Five Commissions
 - iv. Foundations
 - v. Community Development Corporations
 - vi. Public Housing Authorities
 - vii. Redevelopment Agencies
 - viii. Workforce Investment Boards, etc.
 - f. Describe the extent to which the county consults and coordinates with local tribes in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources and enhancing the capacity of all involved.

- i. The extent to which there is shared involvement in evaluating and reporting progress on the goals for Native children.
 - ii. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving local tribes in county planning efforts and service provision.
 - iii. The extent to which the collaborations support positive outcomes for children, youth and families.
 - iv. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children
 - g. Describe the extent of consultation and coordination between CWS and Probation agencies in the child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved. This may include:
 - i. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in working together to improve outcomes.
 - ii. The extent to which the collaboration supports positive outcomes for children, youth, and families.
 - iii. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children
8. Local Systemic Factors
- Discuss any unique local systemic factors which were not discussed elsewhere.

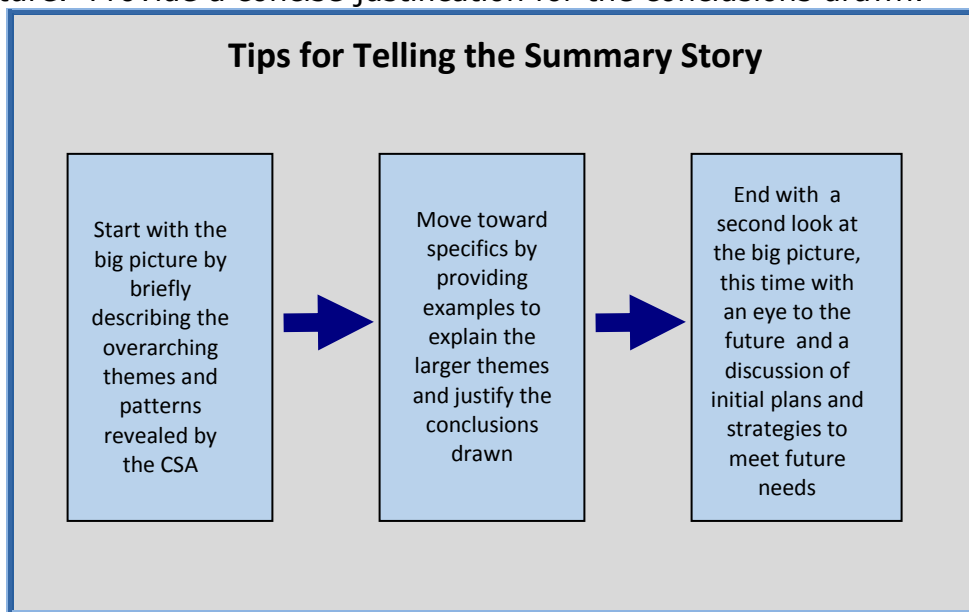
G. Summary Assessment

Description

This concise summary of your overall findings can be used as an executive summary of the overall self-assessment process.

Information and Considerations

This section is informed by the previous sections, but serves as a synthesis of the information rather than a repeat. Start the writing process with an outline of the key information from the previous sections. Organize the key pieces into overarching themes: Strengths, Needs, and Strategies for the Future. Provide a concise justification for the conclusions drawn.



Requirements for the Report

1. Discussion of System Strengths and Areas Needing Improvements
Summarize the county's performance on each of the C-CFSR outcomes considering the analysis of its performance on the related outcome indicators as well as the impact of any systemic factors. Include discussion of any pertinent prevention efforts. Identify priority improvement outcomes. This section should be derived from the conclusions drawn in the previous sections.
2. Strategies for the Future
Briefly describe initial strategies to build on identified strengths and address areas needing improvement. Include service challenges particularly how they align with outcomes that the county is working to improve. Further planning and development of initial strategies will take place in the development of the SIP.

VI. Glossary

Term	Definition
AB 636	The Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg). Identifies and replicates best practices to improve child welfare service (CWS) outcomes through county-level review processes. Also referred to as California – Child and Family Service Review (C-CFSR).
Alternative Dispute Resolution (ADR)	Non-adversarial and confidential processes conducted by a neutral third party to assist two or more disputing parties reach a mutually acceptable and voluntary agreement as an alternative to litigation or contested hearings.
C-CFSR	California Child and Family Services Review: See AB 636
CalWORKs Child Welfare Service Integration Project	Families who are recipients of both CalWORKs and CWS receive coordinated services to leverage maximum effectiveness from each program.
Children	Under 18 years old.
Child Well-Being	A primary outcome for CWS focuses on how effectively the developmental, behavioral, cultural and physical needs of children are met.
Child Abuse and Neglect Prevention	W&I Code Section 18951 (e) defines “child abuse.” Therefore, we may define “child abuse and neglect prevention” as: The prevention of (1) serious physical injury inflicted upon a child by other than accidental means; (2) harm by reason of intentional neglect, malnutrition, or sexual abuse; (3) lack of basic physical care; (4) willful mental injury; and (5) any condition which results in the violation of the rights or physical, mental, or moral welfare of a child.
Child Abuse Prevention Intervention and Treatment (CAPIT) Program	The Child Abuse Prevention Intervention and Treatment (CAPIT) program was established with the intent to address needs of children at high risk of abuse and neglect and their families by providing funding for child abuse and neglect prevention, intervention and treatment programs.
Child Abuse Prevention Coordinating Councils (CAPCs)	Child Abuse Prevention Coordinating Councils (CAPCs) of California are community councils appointed by the county Board of Supervisors whose primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse. Their activities include: providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases, promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment, encouraging and facilitating training of professionals in the detection, treatment and prevention of child abuse and neglect, and recommending improvements in services to families and victims.
Child Abuse	CAPCs work in collaboration with representatives from

Term	Definition
Prevention Coordinating Councils (CAPCs) continued...	disciplines, including: public child welfare, the criminal justice system, and the prevention and treatment services communities. Council participation may include the County Welfare or Children's Services Department, the Probation Department, licensing agencies, law enforcement, the Office of the District Attorney, the courts, the coroner, and community service providers such as medical and Mental Health Services, community-based social services, community volunteers, civic organizations, and religious community.
Children with disabilities	The term "children with disabilities" has the same meaning given the term "child with a disability" in section 602(3) or "infant or toddler with a disability" in section 632 (5) of the Individuals with Disabilities Education Act (IDEA). (42 U.S.C. 5116h)
Community-Based Child Abuse Prevention (CBCAP)	The Community-Based Child Abuse Prevention (CBCAP) program supports community based efforts to develop, operate, expand, enhance and network initiatives aimed at the prevention of child abuse and neglect. CBCAP supports networks of coordinated community resources and activities in an effort to strengthen and support families and reduce the occurrence of child abuse and neglect. CBCAP is intended to foster an understanding and appreciation of diverse populations to increase effectiveness in the prevention and treatment of child abuse and neglect.
Community Response (<i>see also Differential Response</i>)	A proactive response for assessment of situations involving families under stress who come to the attention of the CWS but who do not present an immediate risk for child maltreatment. Provides families with access to services to address identified issues without formal entry into the system.
Concurrent Planning	The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home.
Consolidated Homestudy	Our current system licenses foster parents, and if a foster parent decides they wish to adopt a foster child they have in their home, a separate process called an adoptive homestudy is completed. The consolidated homestudy is a one-time study that would approve families for foster care and/or adoption and would facilitate concurrent planning.
County Data Report	The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes: <ul style="list-style-type: none"> • Child Welfare Participation Rates (i.e., rate per 1000 children, e.g., referrals, foster care entries, placement type, etc.) • Outcome Indicators • Process Measures • Caseload Demographics

Term	Definition
Differential Response	A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.
Early Reunification	Efforts directed at enhancing parental protective capacity in order to permit the child to return to his or her family within 30 to 60 days of placement.
Evidence-Based Programs and Practice	Evidence-based programs and practices (EBP) is an approach to social work practice that includes the process of combining research knowledge; professional/clinical expertise; and client and community values, preferences and circumstances. It is a dynamic process whereby practitioners continually seek, interpret, use, and evaluate the best available information in an effort to make the best practice decisions in social work. Valuable evidence may be derived from many sources – ranging from systematic reviews and meta-analysis (highest level of evidence) to less rigorous research designs (lower level of evidence).
Fairness and Equity	Modification of policies, procedures, and practices and expansion of the availability of community resources and supports to ensure that all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live.
Family Preservation	<p>The term “family preservation services” means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis to remain intact. These services include:</p> <ul style="list-style-type: none"> • service programs designed to help children, where safe and appropriate, return to the families from which they have been removed; or be placed for adoption, with a legal guardian, or if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement; • pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; • service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; • respite care of children to provide temporary relief for parents and other caregivers (including foster parents); • services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with

Term	Definition
	<p>respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and</p> <ul style="list-style-type: none"> • infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)
The Family-to-Family Initiative	This initiative was developed in 1992 by the Annie E. Casey Foundation. It was field tested in communities across the country and was shown to effectively incorporate a number of strategies consistent with the values and objectives of the redesign of child welfare services. Currently, 25 counties are participating in the initiative
Family Well-Being	A primary outcome for California's CWS whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional, and social support) and provide age appropriate supervision and nurturing of their children.
Initial Assessment	The intake function, the focus of which is to learn more about the immediate safety issues for the child, as well as obtain background information about the parent through collateral contacts.
Promoting Safe and Stable Families (PSSF) program	The Promoting Safe and Stable Families (PSSF) program provides grants to states and Indian tribes to help vulnerable families stay together. The PSSF is 100% federally funded. In an effort to reduce child abuse and neglect, the PSSF program supports services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification in situations where children must be separated from their parents for their own safety. The program works with state child welfare agencies to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families. The Adoptions and Safe Families Act specifies that PSSF funds be allocated at a minimum of 20 percent to each of the following service components: Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. Strong rationale must be presented if allocations fall below the 20% funding level.
Maltreatment	An act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which results in, or places the child at risk of, developmental, physical, or psychological harm.
Non-Adversarial Approaches	Practices, including dependency mediation, permanency planning mediation, family group conferencing, or decision-making and settlement conferences, designed to engage family members as respected participants in the search for viable solutions to issues that have brought them into contact with CWS. <i>See also Alternative Dispute Resolution (ADR).</i>

Term	Definition
Peer Quality Case Reviews (PQCR)	A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the Probation and CWS delivery systems and social work practice
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	A primary outcome for CWS whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time.
Program Improvement Plan (PIP) (federal)	A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in California in all areas of nonconformity with established indicators.
Prevention	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Resource Families	Relative caregivers, licensed foster parents, and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team.
Risk, Safety, and Needs Assessments	<p>After the initial face-to-face assessment, there are subsequent meetings with the family to do a comprehensive assessment of strengths and needs, parental protective capacity, ongoing risks, and continued review of safety plans. If safety is a continuing concern and the case is being handled by the community network, the agency will re-refer the case to CWS. The nature of the case plan that emerges from the comprehensive assessment will differ based on what has to be done to assure safety, what the goals are for the case, and who should be involved in promoting the necessary changes within the family.</p> <p>Safety assessments will be done at multiple times during the life of a case. The first face-to-face assessment will be done when direct information is gathered as to the current safety and risk. Based on this initial assessment, safety plans will be put into place immediately, as needed. By gathering information as to the concerns about the protection of the child, by exploring the protective capacity of the parents, and by preliminarily identifying needs for services, the worker will assess risk. As the case moves forward to comprehensive assessment and service planning, a more thorough understanding will be obtained of family strengths and needs, as well as changes that must be made to assure the ongoing safety and protection of the child. Decisions on case closure will also address safety, risk, and whether necessary changes to assure child safety have been made.</p>
Safety	A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.

Term	Definition
Shared Family Care	Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to the point that they develop the necessary skills, supports and protective capacity to care for their children independently.
Shared Responsibility	This concept encourages community residents to get involved in child protection. It offers opportunities for participation and stresses the importance and impact of the whole community's responsibility for child safety and well-being. This does not negate the ultimate accountability of the CWS agency for child protection—rather, it engenders a community mind-set to develop the necessary capacity to protect children and to strengthen and preserve families.
Standardized Safety Approach	A uniform approach to the safety, risk and protective capacity of the adult caretaker to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions
Successful Youth Transition	The desired outcome for youth who experience extended stays in foster care, achieved by the effective provision of a variety of services (e.g., health and mental health, education, employment, housing, etc.) continuing through early adulthood, while simultaneously helping youth to maintain, establish or re-establish strong and enduring ties to one or more nurturing adults.
System Improvement Plan (SIP)	A key component of the C-CFSR, this operational agreement between the County and the state outlines a county's strategy and action to improve outcomes for children and families.
Time-Limited Family Reunification	<p>In general the term "time-limited family reunification services" means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care.</p> <p>The services and activities described for time-limited family reunification include the following:</p> <ul style="list-style-type: none"> • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment services. • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)
Uniform Practice Framework	A fully articulated approach to all aspects of child welfare practice that:

Term	Definition
	<ul style="list-style-type: none"> • Uses evidence-based guidelines for the start-up phase and on-going incorporation of known well-supported, best, or promising practices • Aligns with sound child and family policy • Is responsive to unique needs of diverse California counties • Can be integrated with a Differential Response System • Addresses shared responsibility with the community • Emphasizes non-adversarial engagement with caregivers • Integrates practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups.
Vulnerable Families	Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, homeless/poverty families, victims of domestic violence, and those with members whose mental health is compromised.
Workforce	A broad array of professionals and paraprofessionals who must come together to ensure the protection, permanence and well-being of children and families, including CWS at the county and state level along with such partners as resource families, community agencies, other public systems (e.g., mental health, education, public welfare, the court) and other service providers.

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VII. Appendices

- A. Child Welfare Outcomes
- B. CSA Cover Sheet
- C. Fact Sheet for Child Abuse Prevention Council
- D. Fact Sheet for County Children's Trust Fund
- E. Fact Sheet for CAPIT
- F. Fact Sheet for CBCAP
- G. Fact Sheet for PSSF
- H. CBCAP Efficiency Measure Glossary
- I. Acronym Guide

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Appendix A: Child Welfare Outcomes

1. Safety 1

Children are, first and foremost, protected from abuse and neglect

- a) S1.1 No Recurrence of Maltreatment
- b) S2.1 No Maltreatment in Foster Care

2. Safety 2

Children are safely maintained in their homes whenever possible and appropriate

- a) Process Measures
 - (1) 2B – Percent Of Child Abuse/Neglect Referrals with a Timely Response
 - (2) 2C – Timely Social Worker Visits with Child

3. Permanency 1

Children have permanency and stability in their living situations without increasing reentry to foster care

Process Measures

- (1) 2C – Timely Social Worker/ Probation Officer Visits with Child
- (2) 8A – Children Transitioning to Self-sufficient Adulthood
- a) Permanency Composite 1
 - (1) Measure 1 (C1.1) – Reunification within 12 Months (exit cohort)
 - (2) Measure 2 (C1.2) – Median Time to Reunification (exit cohort)
 - (3) Measure 3 (C1.3) – Reunification within 12 Months (entry cohort)
 - (4) Measure 4 (C1.4) – Reentry Following Reunification
- b) Permanency Composite 2
 - (1) Measure 1 (C2.1) – Adoption within 24 Months (exit cohort)
 - (2) Measure 2 (C2.2) – Median Time to Adoption (exit cohort)
 - (3) Measure 3 (C2.3) – Adoption within 12 Months (17 months in care)
 - (4) Measure 4 (C2.4) – Legally Free within six Months (17 months in care)
 - (5) Measure 5 (C2.5) – Adoption within 12 Months (legally free)
- c) Permanency Composite 3
 - (1) Measure 1 (C3.1) – Exits to Permanency (24 months in care)
 - (2) Measure 2 (C3.2) – Exits to Permanency (legally free at exit)
 - (3) Measure 3 (C3.3) – In Care 3 Years or Longer (emancipation/age 18)

- d) Permanency Composite 4
 - (1) Measure 1 (C4.1) – Placement Stability (8 days to 12 months in care)
 - (2) Measure 2 (C4.2) – Placement Stability (12 to 24 months in care)
 - (3) Measure 3 (C4.3) – Placement Stability (at least 24 months in care)
- f) Process Measure
 - (1) 8A — Children Transitioning to Self-Sufficient Adulthood

4. Permanency 2

The continuity of family relationships and connections is preserved for children

- a) Process Measures
 - (1) 4A – Siblings Placed Together in Foster Care
 - (2) 4B – Foster Care Placement in Least Restrictive Settings Least Restrictive Entries (First Placement and Point in Time Placement)
 - (3) 4E – Rate of ICWA Placement Preferences

5. Well-being 1

Families have enhanced capacity to provide for their children's needs

6. Well-being 2

Children receive services appropriate to their educational needs

- a) Process Measure
 - (1) 5A –Percent of children in care more than 30 days with a Health and Education Passport

7. Well-being 3

Children receive services adequate to their physical, emotional, and mental health needs.

- a) Process Measure
 - (1) 5A – in development: Percent of children in care more than 30 days with a Health and Education Passport
 - (2) 5B –Receipt of Health Screenings: Percent children in care with CHDP, dental exams, psychotropic medications, and immunizations that comply with periodicity table.
 - (3) 5F –Psychotropic Medications

Appendix B: CSA Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
County:	
Responsible County Child Welfare Agency:	
Period of Assessment:	
Period of Outcome Data:	
Date Submitted:	
County Contact Person for County Self-Assessment	
Name & title:	
Address:	
Phone:	
E-mail:	
CAPIT Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	
CBCAP Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	
County PSSF Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	

County Self-Assessment Cover Sheet (continued)

Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	
Signature:	
Submitted by:	County Chief Probation Officer
Name:	
Signature:	

In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds		
County Child Abuse Prevention Council		
Parent Representative		
As Applicable*	Name(s)	
California Youth Connection		
County Adoption Agency (or CDSS Adoptions District Office)		
Local Tribes		
Local Education Agency		

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

☐ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

* As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

Appendix C: Child Abuse Prevention Councils (CAPCs)



Child Abuse Prevention Councils (CAPCs)

April 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960

Child Abuse Prevention Councils (CAPCs)

I. Purpose

The Child Abuse Prevention Councils (CAPCs) are community councils whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect.

Councils should be incorporated as nonprofit corporations, or established as independent organizations within county government, or comparably independent organizations as determined by the Office of Child Abuse Prevention.

The CAPCs were created in response to the Legislature's findings of the following:

- Child abuse is one of the most tragic social and criminal justice issues of our times.
- Victims of child abuse and their families face a complex intervention system involving many professionals and agencies.
- Coordination by child protection agencies and personnel improves the response to a victim and his or her family.
- The prevention of child abuse requires the involvement of the entire community.

II. Funding

Each county shall fund the CAPC from the county's children's trust fund. Councils are required to provide a local cash or in-kind match of 33 and 1/3 percent. Councils unable to raise the full match for the maximum allocation are provided a partial grant in the amount of three grant dollars to each match dollar. In addition, councils must develop a protocol for interagency coordination and provide yearly reports to the county Board of Supervisors.

A county may also utilize their Child Abuse Prevention, Intervention, and Treatment (CAPIT) program, Promoting Safe Stable Families, Family Support Services funds, Community-Based Child Abuse Prevention (CBCAP) program or Kids Plate funds to financially support their CAPCs.

III. CAPC Functions

Child Abuse Prevention Council functions include:

- provide a forum for interagency cooperation and coordination in the prevention, detection, treatment and legal processing of child abuse cases

- promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment
- encourage and facilitate training of professionals in the detection, treatment and prevention of child abuse and neglect
- recommend improvements in services to families and victims
- encourage and facilitate community support for child abuse and neglect programs

Additionally, Councils may form committees to carry out specific functions, such as committees for interagency coordination, multidisciplinary teams, professional training, public awareness, service improvement, advocacy and/or fundraising committees.

IV. Council Participants

Child Abuse Prevention Councils work in collaboration with representatives from various disciplines, including: public child welfare, the criminal justice system and the prevention and treatment services communities. Councils shall include representation from the county child welfare or children's services department, probation department, licensing agencies, law enforcement, district attorneys offices, courts, coroner and community service providers such as medical and mental health services, community-based social services, community volunteers, civic organizations, tribes and faith-based communities.

V. Resource

Welfare and Institutions (W&I) Code Sections 18963; 18980; 18981-18981.1; 18982-18982.4; 18983-18983.8

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Appendix D: County Children's Trust Fund (CCTF)



COUNTY CHILDREN'S TRUST FUND (CCTF)

March 2009

*Questions may be directed to the Office of Child Abuse Prevention (OCAP) at
(916) 651-6960*

COUNTY CHILDREN'S TRUST FUND

I. Purpose

In 1983, the Legislature passed Assembly Bill 2994, which authorized the creation of a County Children's Trust Fund (CCTF) in any county in which the board of supervisors establishes a commission, board or council to coordinate child abuse and neglect prevention and intervention activities.

The purpose of the CCTF is to fund child abuse prevention coordinating councils (CAPCs), along with child abuse and neglect prevention and intervention programs operated by private nonprofit organizations or public institutions of higher education, with recognized expertise in fields related to child welfare.

II. Fund Features

The Board of Supervisors in each county is responsible for the fund and determines what programs and/or projects are funded. The commission designated by the Board of Supervisors performs the following:

- establishes criteria for determining those programs which shall receive funding;
- accepts all program proposals that meet criteria set by the commission;
- prioritizes the proposals; and
- recommends to the Board those proposals that the commission feels should receive funding.

III. Funding

Revenue sources for the CCTF consist of:

- Federal Community-Based Child Abuse Prevention Program (CBCAP) grants;
- Fees from birth certificates;
- Restitution fines for child abuse/molest crimes;
- Fees from "Help Our Kids" special license plate sales; and
- Donations, i.e. gifts, bequests, etc.

IV. Fund Oversight

Assurances are required that the county will provide to the California Department of Social Services' (CDSS) Office of Child Abuse Prevention (OCAP) all information necessary to meet federal reporting mandates for receipt of any federal funds for deposit in the CCTF.

The county commissions designated by the board of supervisors are required to collect and publish annually the following:

- descriptions of the types of programs and services funded from the CCTF;
- target populations benefitting from these programs;
- amount of each revenue source (e.g. CBCAP grants, birth certificate fees, Kids Plate fees, and donations, etc.) in the CCTF as of June 30 of each year; and
- amount disbursed in the preceding fiscal year.

Administrative expenses are limited to 5 percent of the fund.

V. References

Welfare and Institutions Code Sections 18285, 18965, 18966.1, 18967, 18968 and 18970(c)(1-2);18983

Health and Safety Code Section 103625

Penal Code Section 294

Vehicle Code section 5072

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Appendix E: Child Abuse Prevention, Intervention, and Treatment (CAPIT)



CHILD ABUSE PREVENTION, INTERVENTION, and TREATMENT (CAPIT) PROGRAM

March 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960

THE CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT (CAPIT) PROGRAM

I. Purpose

Assembly Bill 1733 (Chapter 1398, Statutes of 1982) provided the first major commitment of State General Fund dollars to the California Department of Social Services (CDSS) to fund child abuse and neglect prevention projects in all 58 counties. The Child Abuse Prevention, Intervention and Treatment (CAPIT) Program requirements are now contained in Welfare and Institution Code Sections 18960-18964. The intent of the program is to encourage child abuse and neglect prevention and intervention programs by the funding of agencies addressing needs of children at high risk of abuse or neglect and their families.

Assembly Bill 2779 (Chapter 329, Statutes of 1998) augmented funding for CAPIT, but the additional funding was subsequently rescinded due to budget constraints.

II. Funding

Funds to the State

The CAPIT funding is 100 percent State General Fund and is subject to appropriation in the annual Budget Act. These funds are used to fulfill federal Community-Based Child Abuse Prevention (CBCAP) grant matching and leveraging requirements. The State Children's Trust fund receives seven (7) percent of the funds. Of the remainder, the CDSS receives about eight (8) percent of the funding for its use for state contracts for training, technical assistance, innovative projects and are also used as a match for the five year federal Linkages grant.

Funds to Counties

A little more than ninety two (92) percent of the remainder of the funds are allocated to counties. Small counties receive a minimum funding level, and the remainder is allocated to counties using a formula that considers a county's child population, children receiving public assistance and the number of child abuse reports.

Applicant agencies must demonstrate the existence of a ten (10) percent cash or in-kind match (other than funding provided by the CDSS), which will support the goals of child abuse and neglect prevention and intervention. Funding can be used to supplement, but not supplant, child welfare services.

III. Program Features

Service priority is to be given to prevention programs provided through nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children five years of age or younger. Service priority is also to be given to high quality home visiting programs based on research-based models of best practice, and services to child victims of crime.

Projects funded by CAPIT should be selected through a competitive process, and priority given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.

In order to be eligible for funding, agencies must provide evidence, submitted as part of the application, to demonstrate broad-based community support. In addition, the application must contain that proposed services cannot be duplicative of other services in the community, must be based on the needs of children at risk, and are supported by a local public agency. These are including, but not limited to, one of the following:

- the county welfare department
- a public law enforcement agency
- the county probation department
- the county board of supervisors
- the county public health department
- the county mental health department
- a school district

Services provided shall be culturally and linguistically appropriate to the population served and may include, but not be limited to, family counseling, day care, respite care, teaching and demonstrating homemaking, family workers, transportation, temporary in-home caretakers, psychiatric evaluations, health services, multidisciplinary team services, and special law enforcement services.

Training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded by CAPIT. Training and technical assistance shall encompass all of the following: multidisciplinary approaches to child abuse prevention, intervention and treatment; facilitation of local service networks; establishment and support of child abuse councils; dissemination of information addressing issues of child abuse among multicultural and special needs populations.

IV. Target Population for CAPIT

Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected, and other children who are referred for services by legal, medical, or social services agencies.

Projects funded by CAPIT needs to clearly be related to addressing the unmet needs of children, especially those 14 years of age and under. Services for minority populations shall also be reflected in the funding of projects.

V. Program Oversight

The Office of Child Abuse Prevention (OCAP) within the California Department of Social Services (CDSS) has been designated as the single state agency to administer and oversee the funds.

Counties are required to submit annual reports to OCAP on program services. The board of supervisors of each county shall provide a list of projects funded in the prior fiscal year. The report shall include by each of the listed projects: the amounts granted to the projects; the expenditures; a description of services provided; the population served; and the results of the provision of services.

Each county shall monitor the projects that are funded by CAPIT. The OCAP provides administrative oversight and consultation to ensure that each county (1) allocates revenues through the use of an accountable process that utilizes a multidisciplinary approach and (2) ensures compliance and adherence with the county plan and the legislative intent.

VI. References

Welfare and Institution Code sections 18960-18964 establishes the funding

Welfare and Institutions Code sections 18961(2) (A-G) contains the definition of services

Welfare and Institutions Code sections 18961(7) (A-D) contains the definition of training and technical assistance

Appendix F: Community-Based Child Abuse Prevention Program (CBCAP)



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP)

March 2009

Questions may be directed to the office of Child Abuse Prevention (OCAP) at (916) 651-6960

THE COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) PROGRAM

I. Purpose

The CBCAP Program was established by Title II of the federal Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996 and most recently reauthorized in June of 2003 (P.L. 108-36). The purpose of the CBCAP Program is:

- to support community-based efforts to develop, operate, expand, enhance, and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect,
- to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and
- to foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

II. Funding

Funds to States

The CBCAP federal funding is distributed to states and territories under a formula grant. Each state must provide a cash match in non-federal funding of the total allotment. The match funds may come from state or private funding.

Funds to Counties

In accordance with California Welfare and Institutions Code (WIC) Section 18966.1(a), CBCAP funds are allocated annually to counties. The allocation formula is contained in each annual fiscal allocation letter. Once the county allocations are received, the following must be insured:

- Counties receiving less than twenty thousand dollars (\$20,000) per year in their county Children's Trust Fund from birth certificate fees must use the amount of CBCAP funds necessary to bring the trust fund balance up to twenty thousand dollars (\$20,000).
- If sufficient funds exist after meeting the above Children's Trust Fund requirement, the remaining funds may be used to fund allowable CBCAP activities.

Currently, 57 counties have elected to participate in the CBCAP allocation process. Counties must apply for the funds annually and submit all required

reporting information. No more than ten (10) percent of the funds may be used for administrative costs.

III. Program Features

Counties receiving CBCAP funds are authorized to fund child abuse prevention programs in their service area that provide a multitude of services and supports. These services and programs may include, but are not limited to:

- Comprehensive support for parents
- Promoting meaningful parent leadership
- Promoting the development of parenting skills
- Improving family access to formal and informal resources
- Supporting the needs of parents with disabilities through respite or other activities
- Providing referrals for early health and development services

The CBCAP funds can be used to foster the development of a continuum of preventive services through public-private partnerships; finance the start-up, maintenance, expansion, or redesign of specific family support services; maximize funding through leveraging of funds; and finance public education activities that focus on the promotion of child abuse prevention.

There are three levels of prevention services; primary prevention, secondary prevention, and tertiary prevention. Primary and secondary prevention activities are allowable activities under CBCAP funding.

- **Primary Prevention**
 - Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect are made. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because it is an attempt to impact something before it happens, an unknown variable.
- **Secondary Prevention**
 - Secondary prevention consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special need children, single parents, and low income families. Some examples of secondary prevention services include parent education classes targeted for high risk parents, respite care for parents of a child with a disability, or home visiting programs.

Activities not eligible for funding under CBCAP include tertiary prevention activities, which are targeted towards families who are known to the child welfare system.

- **Tertiary Prevention**
 - Tertiary prevention consists of activities targeted towards families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs and are not a focus of CBCAP programs.

IV. Target Population for CBCAP Programs

The CBCAP funds should be used to target services to vulnerable families with children that are at risk of abuse or neglect. These families include:

- Parents, especially young parents and parents with young children (all, new, teens, etc.)
- Children and adults with disabilities
- Racial and ethnic minorities
- Members of underserved or underrepresented groups
- Homeless families and those at risk of homelessness

The CBCAP funds should also be used to fund activities available to the general public, such as public awareness and education regarding the prevention of child abuse and neglect.

V. Program Oversight

The California Department of Social Services (CDSS) has been designated by the Governor as the single state agency to administer and oversee the funds. The Office of Child Abuse Prevention (OCAP), an office within the CDSS, is responsible for the oversight of CBCAP funds.

The OCAP is required to submit an application for funding each year and to report annually regarding activity from the previous year.

The OCAP provides training and technical assistance through OCAP consultants and departmental resources, as well as its training and technical assistance contracts.

All programs receiving federal assistance are reviewed under the federal Program Assessment Rating Tool (PART). The CBCAP Program's outcome

measure is to decrease the rate of first-time victims of child maltreatment. The CBCAP Program also has an efficiency measure to increase the percentage of total CBCAP funding in support of evidence-based and evidence-informed child abuse prevention programs and practices.

The intent of this effort is to:

- Promote more efficient use of CBCAP funding by investing in programs and practices with evidence that they produce positive outcomes for children and families.
- Promote critical thinking and analysis across the CBCAP Lead Agencies and their funded programs so that they can be more informed funders, consumers, and community partners in preventing child abuse and neglect.
- Foster a culture of continuous quality improvement by promoting ongoing evaluation and quality assurance activities across the CBCAP Lead Agencies and their funded programs.

VI. References

The (federal) Child Abuse Prevention and Treatment Act, Title II—Community Based Grants for the Prevention of Child Abuse and Neglect (Sec. 201-210)

Welfare and Institutions Code sections 18965; 18966; 18966.1; 18967; 18968

<http://www.friendsnrc.org/prevention/index.htm#prevention>

County Fiscal Letters: <http://www.dss.cahwnet.gov/lettersnotices/PG960.htm>

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Appendix G: Promoting Safe and Stable Families (PSSF)



PROMOTING SAFE AND STABLE FAMILIES (PSSF)

March 2009

Questions may be directed to the Office of Child Abuse Prevention (OCAP) at (916) 651-6960

THE PROMOTING SAFE AND STABLE FAMILY (PSSF) PROGRAM

I. Purpose

The primary goals of the Promoting Safe and Stable Families (PSSF) Program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement.

The Omnibus Budget Reconciliation Act of 1993 established the Family Preservation and Support Services Program, geared toward community-based family preservation and support under Title IV-B of the Social Security Act and according to the United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, commencing with section 629a. In 1997, the program was reauthorized under the Adoption and Safe Families Act (Public Law 105-89), and renamed the Promoting Safe and Stable Families Program (PSSF) with two additional services put in place: time-limited reunification, and supportive adoption services. The PSSF Amendment of 2001 (H.R. 2873) (Public Law 107-133) extended the program through 2006.

Recently, the PSSF Program was reauthorized through federal fiscal year 2011 by the Child and Family Services Improvement Act of 2006 (Public Law 109-288).

II. Funding

Funds to States

The PSSF federal funding is distributed to states under a formula grant. There is a required 25 percent match required by each state. California meets the required 25 percent federal match using funds from the State Family Preservation Program.

Eighty five (85) per cent of PSSF funds are allocated to the counties. The State is permitted to use fifteen (15) percent of the funding for state overhead costs. California has chosen to use about twenty (20) percent of the total amount allocated for overhead for state support costs, and the remaining roughly eighty (80) percent is used to fund state contracts. These contracts are used to provide training and technical assistance for community based organizations, for kinship support services, post adoption services, permanency mediation services, etc.

Funds to Counties

The funds that go to counties are allocated to each county based on the number of children zero to 17 years of age in the county, as well as the number of children in poverty. The minimum PSSF county allocation is \$10,000 to ensure a

minimum level of funding for smaller counties. Counties can utilize all funds provided in this allocation without a match at the local level (as the match is provided by the State), but no more than ten (10) percent of the funds may be used for administrative costs.

Counties submit a three-year plan outlining their PSSF services to the CDSS Office of Child Abuse Prevention (OCAP) and submit annual reports on the plan. All of California's 58 counties receive PSSF funding, and each county is responsible for the use of PSSF funding at the local level.

III. Program Features

The PSSF funding is used to support services to strengthen parental relationships and promote healthy marriages, to improve parenting skills and increase relationship skills within the family to prevent child abuse and neglect, while also promoting timely family reunification when children must be separated from their parents for their own safety. The PSSF funds are also to be used by child welfare agencies to remove barriers which impede the process of adoption when children cannot be safely reunited with their families and to address the unique issues adoptive families and children may face.

With the reauthorization under the Adoptions and Safe Families Act, PSSF funds must be expended with a minimum of twenty (20) percent designated under each of four service components. Failure to do so will require the state to provide a strong rationale if the funds are below the required twenty percent in each category. The four service components are:

Family Preservation

The term "family preservation services" means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis. Services include:

- Services designed to help children, where safe and appropriate, return to families from which they have been removed, or to be placed for adoption with a legal guardian, or, if adoption or legal guardianship is determined not to be safe, in some other planned permanent living arrangement
- Pre-placement preventive services programs, such as intensive family preservation/maintenance programs, designed to help children at risk of foster care placement remain safely with their families
- Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement
- Respite care to children to provide temporary relief for parents and other caregivers (including foster parents)

- Services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health and nutrition
- Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to state law (i.e. Safely Surrendered Babies).

Family Support Services

The term “family support services” means community-based services to promote the safety and well-being of children and families designed to:

- Increase the strength and stability of families (including adoptive, foster, and extended families)
- Increase parents' confidence and competence in their parental capacity
- Afford children a safe, stable, and supportive family environment
- To strengthen parental relationships, promote healthy marriages, and otherwise to enhance child development

Adoption Promotion and Support Services

The term “adoption promotion and support services” means services and activities designed to ensure permanency for children through family reunification, by adoption or by another permanent living arrangement. Such activities include but are not limited to:

- Pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children.
- Activities designed to expedite the adoption process and support adoptive families.

Time-Limited Family Reunification Services

The term “time-limited family reunification services” means the services and activities that are provided to a child that is removed from their home and placed in a foster family home or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child, safely, appropriately and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care. Services and activities include but are not limited to:

- Individual, group, and family counseling
- Inpatient, residential, or outpatient substance abuse treatment services
- Mental health services

- Assistance to address domestic violence
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries
- Transportation to or from any of the services and activities described above

IV. Target Population

The PSSF Program provides grants to states and Indian tribes to help vulnerable families remain intact by establishing and operating integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.

V. Program Oversight

The Office of Child Abuse Prevention (OCAP) within the California Department of Social Services (CDSS) has been designated by the Governor as the single state agency to administer and oversee the funds.

In accordance with federal Title IV-B Plan mandates, the CDSS submits an Annual Progress and Services Report that includes an annual report regarding PSSF activity from the previous year.

The OCAP provides training and technical assistance through its consultants and departmental resources, as well as its training and technical assistance contracts.

VI. References

P.L. 109-288, September 28, 2006

Definitions of the four required components are found in United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, section 629a.

Welfare and Institutions Code section 16600

County Fiscal Letters: <http://www.dss.cahwnet.gov/lettersnotices/PG960.htm>

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Appendix H: CBCAP Efficiency Measure Glossary

Comparison group: A group of individuals whose characteristics are similar to those of a program's participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group may be assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Conceptual framework: A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The framework is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects.

Control group: A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated. Typically, participants are randomly assigned—as if by lottery—to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of the program on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group.

Controlled setting: A controlled setting implies a setting in which the practice or program can be implemented with the greatest fidelity, in other words, as close to the way it was intended as possible. For instance, a program or practice might be implemented in a laboratory or in a university-based setting, in which the individuals implementing the practice or program have complete control over the hiring of staff, the development of staff evaluations, pay scales, and other factors relative to how the program or practice is implemented. This is in contrast to a “usual practice” setting, in which many different factors might affect the implementation of the intervention.

Efficacy: Efficacy focuses on whether an intervention can work under ideal circumstances (e.g., controlled settings, like university laboratories, as described above) and whether the intervention has an effect in that setting.

Effectiveness: Effectiveness focuses on whether a treatment works when used in the real world (e.g., practice settings). An effectiveness trial may be done after the intervention has been shown to have a positive effect in an efficacy trial.

Empirical evidence: Empirical evidence consists of research conducted “in the field,” where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.

Experimental design: In an experimental design, also called a randomized control trial, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Experimental group/Treatment group: A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

Fidelity: Fidelity refers to the extent to which an intervention is implemented as intended by the designers of the intervention. Fidelity refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper manner.

Inputs: The resources (products, services, information) that support and produce program activities. For example, the number of program staff, the programs’ infrastructure (building, land, etc.), and the program’s annual budget.

Logic model: A systematic and visual way to describe how a program should work, present the planned activities for the program, and articulate anticipated outcomes. Logic models present a theory about the expected program outcome, however they do not demonstrate whether the program caused the observed outcome. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of “if-then” statements are often used when presenting logic models.

Matched comparison group (including matched wait list): A comparison group in which individuals, or another unit such as a classroom, is matched to those in the treatment group based on characteristics felt to be relevant to program outcomes. This can include a matched waiting list, in which children from a waiting list are matched to children in the program based on key characteristics.

Methodology: The way in which information is found or something is done. Research methodology includes the methods, procedures, and techniques used to collect and analyze information.

Multiple Site Replication: Replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and with whom. Some programs are successful because of unique characteristics in the original site that may be difficult to duplicate in another site (e.g., having a charismatic leader or extensive community support and involvement). Replication in other settings establishes the strength of a program and its prevention effects and demonstrates that it can be successfully implemented in other sites. Programs that have demonstrated success in diverse settings (e.g., urban, suburban, and rural areas) and with diverse populations (e.g., different socioeconomic, racial, and cultural groups) create greater confidence that such programs can be transferred to new settings.

Outcomes: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). Outcomes, are often expressed in terms of: knowledge and skills (these are typically considered to be short-term outcomes); behaviors (these are typically considered to be intermediate-term outcomes); and values, conditions and status (these are typically considered to be long-term outcomes).

Outputs: The direct products of program activities; immediate measures of what the program did. For example, the number of children served, the length of time treatment was provided, or the types of services provided.

Peer-review: An assessment of a product conducted by a person or persons of similar expertise to the author. The peer-review process aims to provide a wider check on the quality and interpretation of a report. For example, an article submitted for publication in a peer-reviewed journal is reviewed by other experts in the field.

Placebo group: A placebo is something that does not directly affect the behavior or symptoms under study in any specific way, but is given to a control or comparison group as a way of keeping them unaware of the fact that they are in the control or comparison group. A researcher must be able to separate placebo effects from the actual effects of the intervention being studied. For example, in a drug study, subjects in the experimental and placebo groups may receive identical-looking medication, but those in the experimental group are receiving the study drug while those in the placebo group are receiving a sugar pill. Typically, subjects are not aware whether they are receiving the study drug or a placebo.

Practice: A practice is an accepted method or standardized activity.

Pre-post test design: A study design that includes both a pre-test and a post-test and examines change in the two.

- **Pretest:** A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show change in outcomes during the time period in which the services or activities occurred. A pretest can be used to obtain baseline data.
- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

Program: A coherent assembly of plans, projects, project activities, and supporting resources contained within an administrative framework, whose purpose is directed at achieving a common goal.

Program Evaluation: Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program or practice in achieving its objectives, (2) relies on the standards of evaluation design – such as whether it uses a randomized control or comparison group – to distinguish a program’s effects from those of other forces, and (3) may be used to improve the program through modification of current practices/operations.

- **Outcome evaluation:** The systematic collection of information to assess the impact of a program on anticipated outcomes, present conclusions about the merit or worth of a program, and perhaps make recommendations about future program direction or improvement. For example, if a program aims to reduce smoking, an outcomes evaluation would examine the degree to which individuals in the program showed reduced smoking.
- **Process evaluation:** The systematic collection of information to document and assess how a program was implemented and operates.

Protective factors: Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome. For example, stable family relationships, parental employment, and access to health care and social services.

Quasi-experimental: A research design with some, but not all, of the characteristics of an experimental design (or randomized control trial, described below). While comparison groups are available and maximum controls are used to minimize threats to validity, random selection is typically not possible and/or practical.

Randomized Control Trial: In a randomized control trial or experimental design, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2)

treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Regression Discontinuity: An evaluation design in which the program or practice's eligibility criteria are used as a mechanism to evaluate the outcomes of the program. For instance, a regression discontinuity design might evaluate the effectiveness of a pre-Kindergarten program by comparing outcomes for children who are age-eligible for pre-K to those who are just below the age cutoff. At its essence, this comparison would examine the degree to which outcomes for the two different groups of children differ more than would be expected given their differences in birth date.

Reliability: A characteristic of a measure indicating the extent to which the same result would be achieved when repeating the same measure study again. For example, a scale is unreliable if a child is weighed three times in three minutes and the scale produces significantly different weights each time.

Risk factors: Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome. Both the potency and clustering of risk and protection factors can vary over time and developmental periods. Thus, successful, developmentally appropriate prevention and interventions take this variation into account. Examples of risk factors include parental substance abuse, parental stress or mental health issues, and community violence.

Theory of change: Often used in association with program evaluation, a theory of change refers to the causal processes through which change comes about as a result of a program's strategies and actions. It relates to how practitioners believe individual, group, and social/ systemic change happens and how, specifically, their actions will produce positive results.

Untreated group: This group serves as a control or comparison with the treatment or intervention group. This group receives no treatment at all during the study.

Validity: Validity refers to the degree to which a result is likely to be true and free of bias. There are two types of validity:

- **External validity:** External validity is the extent to which the results of a study apply (or can be generalized to) people other than the ones that were in the study.
- **Internal validity:** Internal validity is the extent to which a study accurately measures what it is supposed to measure. This also includes the extent to which measures in a study are measuring what they purport to measure, as well as whether the study is appropriately assessing the "cause" and

“effect” of interest (in other words, can the conclusions drawn be said to represent the causal effect of one thing on another).

Appendix I: Acronym Guide

Acronym	
AB 636	Assembly Bill 636
ACIN	All County Information Notice
ADR	Alternative Dispute Resolution
BOS	Board of Supervisors
CalSWEC	California Social Work Education Center
CalWORKs	California Work Opportunities and Responsibility to Kids
CAPC	Child Abuse Prevention Coordinating Council
CAPIT	Child Abuse Prevention Intervention and Treatment Program
CBCAP	Community-Based Child Abuse Prevention Program
C-CFSR	California Child and Family Services Review
CCTF	County Children's Trust Fund
CDSS	California Department of Social Services
CSA	County Self Assessment
CSOAB	Children's Services Outcomes and Accountability Bureau
CSSR	Center for Social Services Research
CWDA	County Welfare Directors Association of California
DDS	Department Developmental Services

Acronym	
MIS	Management Information System
MOU	Memorandum of Understanding
OCAP	Office of Child Abuse Prevention
OCAP – PND	Office of Child Abuse Prevention – Prevention Network Development
PQCR	Peer Quality Case Review
Pdf	Portable Document Format
PSSF	Promoting Safe and Stable Families
RTA	Regional Training Academy
SIP	System Improvement Plan
TILP	Transitional Independent Learning Plan
TPR	Termination of Parental Rights
URL	Uniform Resource Locator